

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for dates of service 02/25/02 to 06/06/01?
- b. The request was received on 02/01/02.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution 11/09/01
  - b. EOBs
  - c. Medical Records
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 02/05/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor:

The requestor representative states in the correspondence dated 02/25/02 that... "Our office has billed pharmaceutical charges for dates of service and patient referenced above. These charges have been denied with explanation A-Pre-Authorization required. According to the Texas Workers' Compensation Commission Pharmaceutical Fee Guidelines, pre-authorization is not required for pharmaceuticals." The Provider is seeking additional reimbursement in the amount of \$200.28 for the dates of service 01/24/01 to 06/06/01.

#### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 01/24/01 and extending through 06/06/01.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
01/24/01 03/31/01 05/01/01 06/06/01	99070 Norvasc 5 mg	\$50.07 \$50.07 \$50.07 \$50.07	\$0.00 \$0.00 \$0.00 \$0.00	A A A A	(AWP per unit) x (number of units) x 1.09) + \$4.00 dispensing fee	TWCC Rule 134.503 (a)(2)(B) 134.600(h)	The Carrier denied services as "A-Preauthorization required/Reimbursement for this service has been denied upon recommendation of the claims representative." According to referenced Rule, pre-authorization is not required on medications. AWP is \$1.40 per tablet x 30 equals 42 x 1.09 which equals \$45.78 plus \$4.00 equals \$49.78. \$49.78 x 4 dates of service = <b>\$199.12</b> to be reimbursed.
<b>Total</b>		\$200.28	\$0.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$199.12.</b>

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$199.12 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11<sup>th</sup> day of April 2002.

Michael Bucklin, LVN  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.